

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

318

1003

1954

-62-008772
STATE FILE NUMBERDO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED FEB 23 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN ST. LOUIS

Length of stay in lb

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before

a. STATE

b. COUNTY

ST. LOUIS

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION 4015 GARFIELDInside Limits
Yes ☒ No ☐d. STREET
ADDRESS 4108 CRESTWOOD
LANDReside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED

First

Middle

Last

(Type or print)

EDWARD

L.

SPAETH

4. DATE
OF
DEATH

Month

Day

Year

FEB.

15,

1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☒Divorced ☐

8. DATE OF BIRTH

2-28-1880

9. AGE (last birthday)

81

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

MEAT MERCHANT

10b. KIND OF BUSINESS OR INDUSTRY

RETAIL

11. BIRTHPLACE (City and state or country)

ST. LOUIS MO

12. CITIZEN OF WHAT COUNTRY

U S A

13a. FATHER'S NAME

LEOPOLD SPAETH

13b. MOTHER'S MAIDEN NAME

LEONIE JULIA PHILLIPS

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

HARRY NIEMANN 7101 OREON DR.

Address

18. CAUSE OF DEATH (Enter only one cause per line for

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

DUE TO (c)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.arteriosclerotic heart disease
acute myocardial infarction
420-0INTERVAL BETWEEN
ONSET AND DEATHPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 1958, to 2/15/62 and last saw him alive on 2/9/62
Death occurred at 7:30 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Robert Ptaschuck M.D.

22b. ADDRESS

3720 Washington

22c. DATE SIGNED

2/16/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

2-19-1962

23c. NAME OF CEMETERY OR CREMATORY

ST. PETERS CEMETERY

23d. LOCATION (City, town, or county)

ST. LOUIS COUNTY, MO

24. FUNERAL DIRECTOR

ADDRESS

STROOT CARROLL 4600 NATURAL BRIDGE

25. DATE RECD. BY LOCAL REG.

FEB 16 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

4108 Crestland

4108 Crestwood

3/8/62

BY AFFIDAVIT OF Funeral Director

DOCUMENT

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1

2 4032

3

4 0

5 2

6

7 0

8 2

9

10

11

12 90-0

13

90

DR POTASHNIC
3720 WASHINGTON
10:00 - 5:00 FRI.
1:00 - 5:00 SAT.
J 1-9695

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed M W Rueter

Licensed Embalmer No. 4865

P. O. Address St Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.